

SAMPLE EMPLOYEE'S OPTIONS CHECK LIST

STATE DISABILITY INSURANCE EMPLOYEE OPTIONS CHECKLIST	
Employee Name:	
CBID:	
Social Security Number (Only Last Four Digits):	
Immediate Supervisor Name/Phone Number:	
LEAVE OF ABSENCE	
Beginning Date:	Ending Date:
Below is a list of options that are available to you. Please make your election and return it no later than:	
OPTION A:	
I choose to request a medical leave of absence while on SDI and:	
<input type="checkbox"/>	I DO want to use my leave credits to cover the seven (7) day SDI waiting period. (Enter which leave type you would like to use.)
<input type="checkbox"/>	I DO NOT want to use my leave credits to cover the seven (7) day waiting period.
OPTION B:	
I choose NOT to be on SDI and:	
<input type="checkbox"/>	I request a leave of absence and I wish to use leave credits to cover my leave of absence. (Enter which leave type you would like to use.)
OPTION C:	
<input type="checkbox"/>	I elect to be on a leave of absence. I choose NOT to be on SDI or use leave credits.
Please sign and place the checklist in the enclosed envelope and return to:	
If you wish to discuss your options or need additional information, you may contact: Personnel Specialist Name/Phone Number:	
Employee's Signature:	Date:
For Personnel Office Use	
Leave Credits Available as of:	
Sick Leave:	Annual Leave:
Holiday/PH:	CTO:
Vacation:	Excess:
Other (Specify):	